07.	/03/2010 15:39	6157353210	SMI	TH CO HEALTHCARE	PAGE	16/21
	ARTMENT OF HEALTH	HAND HL N SERVICES	لمستر و	10. 1	PRINTE	D: 06/22/201
CEN	TERS FOR MEDICARS	& MEDICAID SERVICES	45	≈ 610·// <i>/</i> 0	FÖRN	M APPROVE
STATEM	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/OLIA	(X2) MU	LTIPLE CONSTRUCTION		0938-039
	** =: *********************************	IDENTIFICATION NUMBER:	A. BUIL	'	(X3) DATE : COMPL	SURVEY
	•			A MININ DOUDDING UT) "	5G12D
NAME O		445172	B. WING	<u> </u>		
MAINE C	OF PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE] 06/;	21/2010
SMITH	H COUNTY HEALTH CAP	RE CENTER	(112 HEALTH CARE DR		
				CARTHAGE, TN 37030		
(X4) (0 PREF)	SUMMARY STA	TEMENT OF DEFICIENCIES	!D	PROVIDER'S PLAN OF CORRECT		
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	LEACH CORRECTIVE ACTION SHA		COMPLETION
·-·			TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	DATE
K 03	8 NEPA 101 LIFE SA	FETY CODE STANDARD	- 			<u> </u>
SS=	F.	ETT CODE STANDARD	K 03		lble .]
	Exit access is arrange	ged so that exits are readily	ļ	allegation of compliance,		
	accessible at all time	es in accordance with section	.	Preparation and/or execution of this plan of	Correction	
	7.1. 19.2.1 ·		` !	does not constitute admission or agreement provider of the truth of the facts alleged or	by the	1
	ļ			set forth in the statement of deficiencies. The	ie entire	1
				plan of correction is prepared and/or execu	sed solely	
		•		because it is required by the provisions of fe	deral and]
	j					
	This STANDARD is	not met as evidenced by:		K038		08/06/10
	Based on observation	ns if was determined the		Residents found to be affected by th	€	00/00/10
	facility failed to maint	Based on observations it was determined the facility failed to maintain the exit access. National Fire Protection Association (NFPA) 101, 7.5.1.1		deficient practice were not identified. Residents who have the potential to be		
	Fire Protection Association					
				affected by this deficient practice wi	ll be	.
	The findings include:	The findings include:		identified by use of this exit.		!
			1	It is the practice of this Center to ma	intain	
	Observations on 6/21	/10 at 12:01 p.m. revealed		exits that are readily accessible at all The 600 stairwell side exit door (2 nd	fumes.	
	The exit doors located	in the following areas were		the 600 stairwell side front exit door	MOOT),	
	sticking to the door from	ames:		the 1st floor exit door leading into 60	M side	ļ.
	a 600 stairwell side e	wit door (and flows)		stairwell will be adjusted to open/clo	sc side	
	b. 600 stairwell side for	ont evit door		without sticking.	!	
	c. 1st floor exit door le	Parling into 600 side	' i	Future compliance will be assured b	y	
	stairwell.			monitoring by Plant Operations Dire	otor	
			. }	and Administrator.	11	Ì
	These findings were a	cknowledged by the	i	All Corridor Doors are inspected mor	ithly to	!
	Administrator and veri	fied by the Maintenance	}	assure compliance by the Plant Opera	itions	
16.050	Supervisor at the exit	interview on 6/21/10.	1	Director. Documentation will be in the	10	i
K 050	NFPA 101 LIFE SAFE	TY CODE STANDARD	' K 050	Proventive Maintenance (PM) Log. F will be reviewed by the Safety Comm	M rogs	
\$\$=F			ļ	quarterly to ensure continued complia	HUCE	
	rire onlis are held at u	nexpected times under		one year following the noted issue.	THICE TOT	
	The claff in familiar with	east quarterly on each shift.	ſ	Non-compliance will be corrected		
	he staff is familiar with procedures and is aware nat drills are part of established routine.			immediately and reported to the Safe	Har II	
	Responsibility for plant	test of the part of established routine. Lesponsibility for planning and conducting drills is		Committee. The Safety Committee re	eports	
	assigned only to comp	etent persons who are	1	to the PI (QA) Committee Monthly.	•	1
	qualified to exercise le	adership. Where drills are		K050		
	conducted between 9 i	PM and 6 AM a coded		Residents found to be affected by the		8/06/10
j	аплоипсетепt may be	used instead of audible		deficient practice were not identified.		70100/10
RATORY					1	
·	DIRECTOR'S OR TROVIDER	SUPPLIER REPRESENTATIVE'S SIGNA	ATURE	TITLE	(X6	DATE
	1.90	ma se-	_ li	Knuns tuster	0609	3/6)
, ·						

by deficiency statement ending with an esterick (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguerds provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days flowing the date of survey whether or not a pian of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 tys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

)RM CMS-2567(02-99) Previous Versions Obsolete

Event ID: RZXL21

Facility ID: TN8001

07/09/2010 15:39 DEPARTMENT OF HEALTH AND HU 1 SERVICES

PRINTED: 06/22/2010 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING Of - MAIN BUILDING of B. WING. 445172 06/21/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR SMITH COUNTY HEALTH CARE CENTER .. CARTHAGE, TN 37030 SUMMARY STATEMENT OF DEFICIENCIES (X4) 10PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREETY REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY K 050 Continued From page 1 Residents who have the potential to be K 050 alarms. 19.7.1.2 affected by this deficient practice will be identified by need assistance during a fire or emergency. It is the practice of this Center to This STANDARD is not met as evidenced by: comply with NFPA 101,7.1.2 at all times. Based on observations it was determined the The Staff Development Director (SDC), facility failed the fire drill. SDC Assistant will inservice all employees on Fire Drill Procedure (06/29/10 and The findings include: ongoing). The SDC and Plant Operations Director will conduct Fire Drills to test and Observations during the fire drill on 6/21/10 at instruct employees on Fire Drill Procedure, 11:50 a.m. revealed the staff member selected to Fire Drills are conducted and monitored (by react to the drill failed to close the resident's room SDC and/or Plant Operations Director) at door and failed to announce the location of the unexpected times under varying conditions, fire. National Fire Protection Association (NFPA) at least Quarterly on each shift. Instruction 101, 19,7,1,2 with Questions and Answers are provided to the employees at the end of each fire drill. This findings was acknowledged by the Sign In Records are maintained of the Fire Administrator and verified by the Maintenance Drills and Inservices. Supervisor at the exit interview on 6/21/10. The results of the Fire Drills are reported to K 052 NEPA 101 LIFE SAFETY CODE STANDARD K 052 the Safety Committee monthly. The Safety SS=F Committee reports to the PI (QA) A fire alarm system required for life safety is Committee monthly, . installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA K052 08/06/10 1 72. The system has an approved maintenance Residents found to be affected by the and testing program complying with applicable deficient practice were not identified. requirements of NFPA 70 and 72. Residents who have the potential to be affected by this deficient practice would be identified by an emergency. It is the practice of this Center that the fire alarm system be installed, tested and maintained in accordance with NFPA 70 National Electrical Code and NFPA 70. During the Fire alarm test the visual alarm system was flashing, then malfunctioned . This STANDARD is not met as evidenced by: The system was reviewed, repaired and Based on observation and testing, it was functioning (tested) 06/22/10.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/22/2010 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION A45172 A SULDING 01-MAIN BUILDING 01 STREET ADDRESS CITY, STATE 2P CODE 112 HEALTH CARE CENTER SIMENT COUNTY HEALTH CARE CENTER SULMANY STATEMENT OF DESCRIPTIONES PREST CHARLES FLAN OF CORRECTION SULMANY STATEMENT OF DESCRIPTIONES PREST CHARLES FLAN OF CORRECTION TAG CARTHAGE, TN 37030 CART	STATEMENT OF DESIGNATION		(X1) PROVIDER/SUPPLIER/CLIA	l.vn.	Total utili mai e compensarioni		OND NO. 0330-0331		
NAME OF PROVIDER OR SUPPLIES SMITH COUNTY HEALTH CARE CENTER SMANARY STATEMENT OF DEFICIENCIES (SACH CARE DE CARTHAGE, TN 37030 PREFIX (SACH CHERCIENCY MUST BE PREFICED BY SPULL RESULATION OR LESS DEPARTMENT OF DEFICIENCIES (SACH CHERCIENCY MUST BE PREFIXED BY SPULL RESULATION OR LESS DEPARTMENT OF DEFICIENCIES (FROM PROVIDERS FLAN OF CORRECTION TAX) K 052 Continued From page 2 determined the facility failed to maintain the fire slarm system. The findings included: The findings included: Observations during the fire drill on 6/21/10, at 11:55 a.m. revealed the fire slarm's visual signals located throughout the first and second floor corridors were not flashing. National Fire Protection Association (NFPA) 101, 9.6.3.6 Observations and testing of the main fire slarm panel on 6/21/10, at 12:15 p.m. revealed that when phone lines #1 or #2 were disconnect from the panel, there were no sudible or visual signals at the main fire alarm panel located across the 2nd floor nurses station. National Fire Protection Association (NFPA) 72, 1-5.4.6 K 062 SSEF Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspectied and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA This STANDARD is not met as swidenced by: Based on observation it was determined the facility failed to maintain the sprinkler system. The findings included: The findings included: The findings included: The findings included by the Maintenance Supervisor at the exit interview on 6/21/10, and 12:15 p.m. revealed the finding included in reliable operating condition and are inspectied and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA This STANDARD is not met as swidenced by: Based on observation it was determined the facility failed to maintain the sprinkler system. The findings included: The findings included: The findings included to the system is continuously maintained in reliable operating condition, inspected and tested periodically. Connecting the finding and the finding	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			1` ′	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01		(X3) DATÉ ŠURVEY COMPLETED		
SMITH COUNTY HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAX) PROFILE			445172	B. WII	B. WING		06/21/2010		
REGULATORY OR USCIDENTIFYING INFORMATION) K 052 Continued From page 2 determined the facility failed to maintain the fire alarm system. The findings included: Observations during the fire drill on 6/21/10, at 11:55 a.m. revealed the fire alarm visual signals located throughout the first and second floor corridors were not flashing. National Fire Protection Association (NFPA) 101, 96.3.6 Observations and testing of the main fire alarm panel on 5/21/10, at 12:155 p.m. revealed that when phone lines #1 or #2 were disconnect from the panel, there were no auditional fire Protection Association (NFPA) 72, 1-5.4.6 These findings were acknowledged by the Administrator and verified by the Meintenance Supervisor at the exit Interview on 6/21/10. Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 The findings included: The findings included: Trade CROSR-FERENCE TO THE APPROPRIATE DEFICIENCY To be audio and visual signals for phone line trouble reparting and perational. Phone lines #1 and #2 require a new daler. Now dalator ordered hand Pz require a new daler. Now dalator ordered hand Pz require a new daler. Now dalator ordered hand Pz require a new daler. Now dalator ordered hand Pz require a new daler. Now dalator ordered hand Pz require a new daler. Now dalator ordered hand Pz require a new daler. Now daler ordered hand poerational. Phone lines #1 and #2 require a new daler. Now daler ordered hand poerational. Phone lines #1 and #2 require a new daler. Now daler ordered perational. (ald diafor is operational. Phone lines #1 and #2 require a new daler. Now daler ordered perational. (ald diafor is operational. Plant of perational. Plant per			STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR				·		
determined the facility failed to maintain the fire alarm system. The findings included: Observations during the fire drill on 6/21/10, at 11:55 a.m. revealed the fire alarm's visual signals located throughout the first and second floor corridors were not flashing. National Fire Protection Association (NFPA) 101, 9.6.3.6 Observations and testing of the main fire alarm panel on 6/21/10, at 12:15 p.m. revealed that when phone lines #1 or #2 were disconnect from the panel, there were no audible or visual signals at the main fire alarm panel located across the 2nd floor nurses station. National Fire Protection Association (NFPA) 72, 1-5.4.6 These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit Interview on 6/21/10. K 062 K 062 K 062 K 062 K 062 K 193. The standard protection and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.6 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the sprinkler system. The findings included: trouble reporting repatred and operational. Phome lines #1 and #2 require a new dialer. New dialer ordered, to be installed and operational. Phome lines #1 and #2 require a new dialer. New dialer ordered, to be installed and operational. Phome lines #1 and #2 require a new dialer. New dialer ordered, to be installed and operational. Phome lines #1 and #2 require a new dialer. New dialer ordered, to be installed and operational. Phome lines #1 and #2 require a new dialer. New dialer ordered, to be installed and operational. Phome lines #1 and #2 require a new dialer. New dialer ordered to center the Center. In addition the centing repatred and operational Phome lines #1 and #2 require a new factor is steeted quartedly. Records of the testing are kept at the Center. In addition the contractor notified for repair. The results of the Fire Drills are reported to the Safety Committee monthly. The Safety Committee reports to the FI (QA) Committee mo	PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREF	i	(EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION OATE	
Administrator and verified by the Maintenance Supervisor at the exit interview on 6/21/10. K 062 NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are condition and are inspected and tested periodically. 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the sprinkler system. The findings included: K 062 K 062 K 062 Residents found to be affected by the deficient practice were not identified. Residents who have the potential to be affected by this deficient practice would be identified by an emergency. It is the practice of this Center that the automatic sprinkler system is continuously maintained in reliable operating condition, inspected and tested periodically. Corroded sprinklers located in the dish washing area to be replaced. Corroded sprinklers located in the Laundry Room (washer area) to be replaced Plant Operations Director to inspect Center to find any additional affected sprinkler	K 052	determined the facility failed to maintain the fire alarm system. The findings included: Observations during the fire drill on 6/21/10, at 11:55 a.m. revealed the fire alarm's visual signals located throughout the first and second floor corridors were not flashing. National Fire Protection Association (NFPA) 101, 9.6.3.6 Observations and testing of the main fire alarm panel on 6/21/10, at 12:15 p.m. revealed that when phone lines #1 or #2 were disconnect from the panel, there were no audible or visual signals at the main fire alarm panel located across the 2nd floor nurses station. National Fire Protection			trouble reporting repaired and operational. Phone lines #1 and #2 require a new dialer. New dialer ordered, to be installed and operational. (old dialer is operational) Plant Operations Director is responsible and schedules fire alarm system testing. The fire alarm system is tested quarterly. Records of the testing are kept at the Center. In addition the fire alarm system is activated during Fire Drills. (one drill per day shift and one drill evening shift per month.) Any issues with the fire alarm system is noted for report and the contractor notified for repair. The results of the Fire Drills are reported to the Safety Committee monthly. The Safety Committee reports to the PI (QA)		ational. w dialer. and al) sible and rterly. c Center. activated y shift th.) Any noted d for		
Observation of the kitchen on 6/21/10, at 12:35 heads. (07/15/10)	I	Administrator and v Supervisor at the ex NFPA 101 LIFE SA Required automatic continuously maints condition and are in periodically. 19.7 25, 9.7.5 This STANDARD is Based on observatifacility failed to main	erified by the Maintenance kit interview on 6/21/10. FETY CODE STANDARD esprinkler systems are ained in reliable operating aspected and tested 6, 4.6.12, NFPA 13, NFPA es not met as evidenced by: on it was determined the antain the sprinkler system.	K	062	Residents found to be affected by the deficient practice were not identified Residents who have the potential to affected by this deficient practice widentified by an emergency. It is the practice of this Center that automatic sprinkler system is conturnaintained in reliable operating consistent and tested periodically. Corroded sprinklers located in the dwashing area to be replaced. Corroded sprinklers located in the I Room (washer area) to be replaced Plant Operations Director to inspect to find any additional affected sprinklers for the find any additional affected sprinklers for the find any additional affected sprinklers for the find any additional affected sprinklers.	the nuously adition, lish	08/06/10	

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PRINTED: 06/22/2010

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 093</u>8-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A, BUILDING 01 - MAIN BUILDING 01 B, WING 445172 06/21/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR SMITH COUNTY HEALTH CARE CENTER CARTHAGE, TN 37030 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ΙD (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) K 062 Continued From page 3 K 062 The Plant Operations Director inspects the p.m. revealed the sprinklers located in the dish Sprinkler system monthly. Documentation is washing area were corroded. National Fire in the Center Preventive Maintenance Log.. Protection Association (NFPA) 25, 2-2.1.1 Preventive Maintenance Logs are reviewed by the Safety Committee quarterly to ensure Observation of the laundry room (washers) on continued compliance for one year following 6/21/10, at 12:40 p.m. revealed the sprinklers the noted issue, were corroded, NFPA 25, 2-2,1,1 The Quarterly Sprinkler Inspections are reported to the Safety Committee. The These findings were acknowledged by the Safety Committee reports to the PI Administrator and verified by the Maintenance Committee monthly. . The Safety Committee Supervisor at the exit interview on 6/21/10. reports to the PI (QA) Committee monthly. K 069 NFPA 101 LIFE SAFETY CODE STANDARD K 069 SS=F K069 Cooking facilities are protected in accordance 08/06/10 Residents found to be affected by the with 9.2.3. 19.3.2.6, NFPA 96 deficient practice were not identified. Residents who have the potential to be affected by this deficient practice would be This STANDARD is not met as evidenced by: identified by an emergency Based on observations and interview it was determined the facility failed to protect the It is the practice of this Center that the -cooking facilities, cooking facilities are protected in accordance with 9.2.3 19.3.2.6 NFPA 96. The findings include: The Staff Development Director (SDC). Interview with kitchen staff member #1 on 6/21/10 SDC Assistant, Dietary Services Manager at 12:30 p.m. revealed that staff member #1 did will inservice all employees on Fire Drill not know how to manually operate the kitchen's Procedure (06/22/10 and ongoing). The SDC hood fire extinguishing system. The instructions and Plant Operations Director will conduct and shall be reviewed periodically with employees Fire Drills to test and instruct employees on by the management. National Fire Protection Fire Drill Procedure. Association 96, 8-1.4 Fire Drills are conducted and monitored (by This finding was acknowledged by the SDC and/or Plant Operations Director) at Administrator and verified by the Maintenance unexpected times under varying conditions. Supervisor at the exit conference on 6/21/10. at least Quarterly on each shift. Instruction NFPA 101 MISCELLANEOUS K 130 with Questions and Answers are provided to S\$≃F the employees at the end of each fire drill. OTHER LSC DEFICIENCY NOT ON 2786 Sign In Records are maintained of the Fire Drills and Inservices.

07/09/2010 15:39 DEPARTMENT OF HEALTH AND HU 1 SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/22/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TPLE CONSTRUCTION		(X3) DATE SURVEY	
			A. BUILDING 01 - MAIN BUILDING 01		COMPLETED		
	· · · · · · · · · · · · · · · · · · ·	445172	B. WING				
	PROVIDER OR SUPPLIER COUNTY HEALTH CA	RE CENTER	1	REET ADDRESS, CITY, STATE, ZIP CODE 12 HEALTH CARE DR CARTHAGE, TN-37030			
(X4) ID PREFIX TAG	; (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
	A fire barrier wall si or floor below to the deck above. Any vomeeting of the wall underside of the roufilled with an approximation of the roufilled with an approximation of the resistance rating at wall. National Fire 221, 3.2 Based on observatifacility failed to main the findings included the fire barrier walls were not sealed at the penetrations in the value. Soo stairwell. C. 600 stairwell. C. 600 stairwell. These findings were Administrator and very stairwell.	s not met as evidenced by: nall extend from the foundation to underside of the roof or floor pids or gaps created by the and floor below and the of or floor deck above shall be yed material with a fire least equal to that of the fire Protection Association (NFPA) ons, it was determined the ntain the fire barriers. ed: 21/10 at 10:26 a.m. revealed located in the following areas he roof deck and had valls:		1	e Safety d. be could be cowing aterial qual to ssed at spect the cons entive entation by the conthly. mittee is: ir, rroll & undry, CNT,	08/06/10	

DEPARTMENT OF HEALTH AND HU. IN SERVICES

SMITH CO HEALTHCARE

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PRINTED: 06/22/2010

FORM APPROVED

<u>CENTERS FOR MEDICARE & MEDICAID SERVICES</u> OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 B. WING 445172 06/21/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR SMITH COUNTY HEALTH CARE CENTER CARTHAGE, TN 37030 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 130 K 130 Continued From page 4 The Membership of the PI (QA) Committee" is: Medical Dir, Admin, DON, ADON: MDS Coordinator, Staff Development Dir, Directors of: Soc Services; Act; Business This STANDARD is not met as evidenced by: Ofc; Dictary Services, Hskg/Laundry. A fire barrier wall shall extend from the foundation Maintenance, Med Records and PI (OA) or floor below to the underside of the roof or floor Team Leader(s). deck above. Any voids or gaps created by the The Administrator is responsible for overall meeting of the wall and floor below and the compliance underside of the roof or floor deck above shall be filled with an approved material with a fire resistance rating at least equal to that of the fire wall. National Fire Protection Association (NFPA) 221, 3,2 Based on observations, it was determined the facility failed to maintain the fire barriers. The findings included: Observations on 6/21/10 at 10:26 a.m. revealed the fire barrier walls located in the following areas were not sealed at the roof deck and had penetrations in the walls: a. 300 stairwell. b. 600 stairwell. c. 600 side stairwell. d. 700 stairwell. f. 800 stairwell. These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 6/21/10.